FEC FORM 1

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STATEMENT OF ORGANIZATION

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| Ļ, | RECEIVED |
| | SECRETARY OF THE SENATE |
| i | PUBLIRECTERSED |
| | Office Use Only |

| FORIVI 1 | | | | , P | UBLIC EEO TELYSE () Office Use Only | | |
|---|---------------|--|---|---------|-------------------------------------|--|--|
| NAME OF COMMITTEE (in | n full) | (Check if name is changed) | Example:If typing, type over the lines. | 12FE4M5 | 19 JUL 25 AM 11: 05 | | |
| Annette | Bosw | ORTH, MD | for U.S. | Sen | FEC MAIL CENTER | | |
| | | | | | | | |
| ADDRESS (number a | nd street) | 12 (001 5 Minnesota Ave Suite 105-129) | | | | | |
| (Check if a is changed | address d) | 1 1 1 1 1 | | | | | |
| , | S | ioux Fa | Us | STATE A | 5705-6120 ZIP CODE▲ | | |
| COMMITTEE'S E-MAIL ADDRESS | | | | | | | |
| 【 | address Av | mette |) Bosworth Fr | DR-SEN | MATE, COM | | |
| | Optio | onal Second E-Mail A | ddress | | 1 | | |
| | <u> </u> | | | | | | |
| (Check if address is changed) WW.W.BOSWORTH.FOR SENATE COM 2. DATE OF B3 A013 | | | | | | | |
| 3. FEC IDENTIFICATION NUMBER ▶ C | | | | | | | |
| 4. IS THIS STATE | MENT N | EW (N) OR | AMENDED (A) | | | | |
| I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. | | | | | | | |
| Type or Print Name of Treasurer Rochey E. Fits | | | | | | | |
| Signature of Treasurer Notice 2 1 Date 6.7 23 2013 | | | | | | | |
| NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. | | | | | | | |
| Office Use Only | | | For further information of Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100 | | FEC FORM 1 (Revised 06/2012) | | |